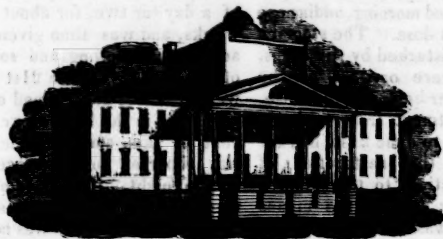


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I.

CASES OF CUTANEOUS DISEASES.

1. *Psoriasis Inveterata*.

THE following case is striking for the extent of the disease, its severity, and long continuance. It yielded very slowly to remedies, and its occasional paroxysms, if such they may be called, were always periods of great suffering to the patient. It was also striking for the rapidity with which changes occurred; and the most remarkable of these was the suddenness with which the symptoms would become worse.

A. Tapper, ætat. 25, entered the Hospital Feb. 28th. The disease was of two years' standing, and exhibited the following appearances. Almost the whole surface is of a deep red color, covered with scales which are easily displaced, and are left in great quantity in the bed, and about her clothes. Nearly a quart have been collected at one time, some of them more than an inch in size. On the legs the

disease presents an appearance of crusts, with great inflammation beneath them, where the surface is visible. Fissures exist in various parts, and from these a fluid oozes described as hot and scalding. General health not impaired. The nights are restless. Tongue clean; bowels tolerably regular; pulse 100.

The treatment began with the external application of the decoction of the *Solanum Dulcamara*; and to the sorest parts the unguent. *stramonii* was directed. Magnesia was sprinkled over moist parts. The diet was regulated, and cooling laxatives were occasionally given. Temporary benefit only was obtained from these remedies, and on the 27th of March, an alterative course of calomel and antimony was begun.

30th. Complaints of being very ill. Face and eyelids much swollen and tender, appearing as in a patient under variola. Pulse 116; headache; bowels costive. A cathartic; and at bed time continue alterative pill. The day

following, was found much relieved. The pill was omitted, and on the 1st of April, was directed the tincture of the oxymuriate of mercury, in doses of xxv. drops night and morning, adding one drop to each dose. The stomach was much disturbed by the drops, and they were omitted on the fifth day after beginning their use.

The treatment from omitting the tincture to June 21st, had for its object the restoration of healthy functions to the stomach and bowels; and to the means employed, was added sulphur, with a view to its specific effects in cutaneous diseases. Much amendment occurred during this course. On the 14th of May the skin was so much improved that the sulphur fumigation was directed. June 2d this was omitted, on account of headache, which always followed the bath. To this the patient had been long subject, but it was obviously increased by the fumigation. The necessity of giving up this remedy was regretted, as the skin was decidedly benefited by it. Her nights were rendered comfortable by the extract of hyosciamus. The report of the 16th of June states that the skin never has looked better since she entered the house.

June 21st. Without obvious cause, the disease is greatly aggravated. The skin is every where sore,—of a purplish color where exposed; bright red, where covered. Some disorder of the stomach, but appetite continues. Active means were at once employed to prevent or diminish the attack, such as an emetic and cathartics, but ineffectually. The skin almost at once became as seriously affected as before, and continued so with only temporary

abatement for many weeks. In October a trial was made of Swaim's Panacea. It was continued along with decoction of sarsaparilla, with only an interval of a day or two, for about three weeks, and was then given up on account of swelling and soreness of the gums. On the 21st great weakness was complained of; severe pain in the head; excessive heat of skin, and some delirium was reported to have occurred in the night. These symptoms were of a day's continuance only.

Some improvement was noticed while using the panacea, and this continued after its discontinuance. How far this depended on the mercury contained in that medicine, the presence of which was manifested by the state of the gums, it seemed proper to ascertain by the use of a known and manageable preparation of mercury.

Nov. 11th. R. Tinct. Hyd. oxymuriat. gtt. xl. night and morning.

The above dose was continued till the 18th, then took fifty drops twice a day. Dec. 3d. Sixty drops. Skin decidedly better. 16th, nausea after tincture; diminish to forty drops. 30th, increase to fifty. This course was continued according to circumstances to March 3d, with gradual amendment of the skin. The skin at this date is very much improved. The stomach is disturbed by the tincture, and it is directed to be omitted. From this time to leaving house, the patient took the *mistura ferri composita*, with great improvement of the general health. She gained flesh rapidly, and on the 8th of April the skin discovered but slight remains of the disease.

2. *Eczema Impetiginodes.*

J. W. P. aged 25. April 6th. The disease in this case occurred many years ago, and was principally confined to the back; within eight or ten years it has greatly extended itself. For two years has had dyspepsia. The recent eruptions consist of small red spots, not hard, a little elevated, and terminating in the centre with an acuminate vesicle. These vesicles are for the most part removed, or destroyed by scratching. Older eruptions are covered with dry cuticle, and in some places, small scales, which seem to have arisen in consequence partly of blood effused by scratching. Where the eruption has subsided spots of a somewhat livid color remain. Much itching and stinging are present. Eruptions although frequent, are scattered, not occurring in clusters. Face and breast almost free and only a few on the hands. None on the feet, but other parts of the body very much covered. He states that the eruption is very much increased by aromatics, and other stimulants taken internally. For three years his life has been sedentary; before, active; suffered from dyspepsia while active. Countenance and complexion healthy, and even firm. Hair chesnut, eyes blue.

The treatment of this case had for its object the restoration of the healthy functions of the alimentary canal, and the cure of the cutaneous disease. For the first the diet was exactly regulated, and free exercise abroad enjoined on the patient. The bowels were kept regular by laxatives; the direct treatment of the skin has been the daily em-

ployment of the salt water bath at 98 degrees, and under this course the disease is gradually yielding.

17th, 18th and 19th. During these days he has been less well than usual. The skin, however, has gradually mended, but the stomach and bowels are much disordered, and catarrhal symptoms are present. Remedies were employed, and with speedy relief.

23d. Eruption has much diminished. General health good. Wishes to be discharged. Left the house apparently in a fair way to complete recovery.

3. *Psoriasis Diffusa.*

E. Blake, aged 11 years. Entered the house March 23d. Disease occurred three years ago, covering in patches of various sizes, the back, arms and legs, assuming the circular form on the trunk, particularly the back. The face, neck and head are free of the disease, except a small spot on the back of the head. On the legs the spots are of the largest size, deeper red, are irritable and itch much. Warm bath. Shave occiput. Diet, bread and milk, night and morning; meat and rice for dinner.

R. Tinct. Hyd. Oxymuriat. gtt. x. night and morning, and add a drop to each dose, unless nausea occur.

25th. Great itching and smarting of the disease on the legs.

R. Hydrarg. Submur. Ammon. ʒi. Unguent. Dat. Stramon. ʒi. M.

Apply the above twice a day to the legs.

April 3d. Legs still sore, but more improved than the other parts.

6th. Eruption generally better than on entrance.

R. Stipit. Solan. Dulcamar. ʒi.

Aq. lb. ij. Coq. ad lib. un.

Bathe the diseased parts with this twice a day.

11th and 13th. Eruption mending. Take 49 drops of Tinct.

19th. Nausea after tincture; diminish dose 5 drops.

25th. Skin mending. Sulph. bath to day, from ʒi. sulphur.

26th. Sweat during bath,—little afterwards,—bath grateful. Increase sulphur 3ss.

28th, 29th and 30th. Improving. On the 29th, sweat in bath, and for six hours afterwards. Warm bath occasionally employed; sulphur bath continued.

June 8th. Ointment of the nitrate of mercury was substituted for the stramonium and white precipitate ointment, to expedite the healing of some small spots which remain diseased. He omitted the Tincture on the 18th.

19th. Report "Skin well."

4. *Porrigo Scutulata et Favosa.*

E. Thornton, aged 34, entered the hospital June 6th. Great part of the head affected,—over much of the scalp the hair has fallen, and ceased to grow, presenting in spots a smooth scald surface,—in others the integuments are thickened, while in a third thick dry scales or crusts are formed. The disease is of six months' duration. General health good.

June 7th. Let the scalp be shaved, and washed with soap and water.

R. Tinct. Hyd. Oxy muriat. gtt. xl.

Aq. Commun. ʒi. M.

Thrice a day.

8th. R. Ung. Dat. Stramon. every night to the head. Wash the scalp every morning as before.

9th. Head better. Increase the drops to 50.

17th. Drops have been gradually increased to 70 a dose; on the 18th, gums a little sore, scalp greatly improved. Diminish the drops to 50. Shave the scalp again, and apply the following.

R. Submur. hyd. ammoniati ʒi.

Ung. Dat. Stramon. ʒi. M.

27th and 28th. Drops offend the stomach. Gums sore and swollen. Omit drops. 30th. Nausea gone; some pain in the head; mouth a little tender; scalp much mended. Take of tincture 50 drops twice a day.

July 2d. With very slight exception, all inflammation and ulceration is gone,—but in many spots the scalp is still smooth.

Wishes to be discharged; is advised to continue ointment to the scalp.

April 25th, 1823. This patient again entered the house, with the skin of the forehead and the side of the head and forehead inflamed and swollen; with yellowish scabs covering portions of the inflamed parts. Head to be shaved and washed; to have the warm bath, and a cathartic, and afterwards the following thrice daily:

R. Tinct. Hyd. Oxy muriat. gtt. xxx.

increasing one drop a dose. Large ulcer on the occiput discovered after shaving the scalp. Swelling of the face prevents opening the jaw freely. May 7th. Tincture has been increased to 65 drops; on the 19th, gums somewhat sore; is directed not to increase the drops. June 6th. Diarrhœa occurred with much pain in the bowels, and some blood in the discharges. Appropriate re-

medies used for diarrhoea. The tincture was omitted on the 7th. 8th. Diarrhoea, pain, &c. gone. The disease of the skin gradually declined, but as there was a slight remnant of it visible on the 10th, the tincture was again given. On the 16th nothing remained of it, and the patient was discharged well.

5. *Psoriasis Diffusa.*

B. Wilson, aged 33. Dec. 24. Disease noticed first on the hands, last June; six weeks since grew worse, and within the last two weeks has extended over nearly the whole body. The face and arms are swollen and painful. The surface is red, and in some parts excoriated; the skin has fissures, from which oozes a fluid which scabs; face and other parts covered with thin scales or scurf, with severe itching; not much general swelling. The general health is as good as common, but is never very firm; bowels constive, urine high colored. The disease in this case has made very rapid progress, and the situation of the patient is altogether as uncomfortable as it can well be. His diet was restricted to bread and milk, and he was directed to take thirty drops of the Tinct. Hyd. Oxymuriat. thrice a day. The dose was gradually increased, and on the 31st he took 35 drops; the reports show some amendment since he entered the house.

Jan. 2d, 1823. The compound decoction of sarsaparilla was added to his other medicine, and on the 3d the sulphur fumigation was directed at 110 degrees for 10 minutes.

4th. Fumigation occasioned some smarting, but no material

irritation of the skin, and to day the general aspect is better. Repeat the fumigation to night for 20 minutes. 5th. Irritation increased by sulphur; omit fumigation.

6th. Complains of stiffness about the knees; on examination some pustules and yellowish scabs, with some patches of impetigo discovered; other parts as well as before. 12th. Increase of disease on the legs; elsewhere better; scales diminished, and much of the skin gets clear. His nights are hot, restless and watchful. Omit sarsaparilla, and take every night the following:

R. Sulphur Sublimat. 3i.
Potas. Supertart. 3ss. M.

18th. Has gradually improved; has walked abroad; scales greatly diminished; but numerous pustules with yellow scabs. Apply the following to the diseased parts, particularly where pustules exist.

R. Hyd. Submuriat. 3iss.
Aq. Calcis, 3iv. M.

23d. Has done well; but to-day new inflammation over the skin, mostly on the legs, surrounding the scabs, and fissures, without obvious cause. The black wash, (the above) omitted; a saline cathartic ordered, and a lotion of the acetate of lead to the inflamed parts.

Feb. 7th. Has done well; disease declining; had some nausea after the drops this morning, and the dose was diminished to 30 drops, thrice a day.

11th. Lead wash omitted; and as inflammation has much abated, the black wash was again directed on the 13th. On the parts most diseased the wash produces

much smarting. To such apply the following :

R. Unguent. Hyd. Nit. mit. 3i.
Ung. Stramon. 3ij. M.

This patient was discharged much relieved, and altogether convalescent on the 22d. The skin had regained its natural color and suppleness. Some slight effects of the disease only remained on the lower extremities.

II.

ORGANIC DISEASE OF THE HEART.

It is sometimes difficult to determine certainly when the heart is the seat of organic disease. The ablest physicians have been mistaken, and have falsely accused the heart, when the lungs or great vessels proceeding from the heart, have been the parts disordered. More difficult still is it to determine what the particular organic derangement is, when the symptoms show clearly the heart to be the suffering organ.

Dr. Farre observes, "that physiology is more likely to be advanced by the investigations of these malformations of the heart, than pathology," but adds, "that the task of soothing and mitigating, as well as avoiding to inflict unnecessary pain, is a part of the physician's duty."

Believing that a faithful relation of symptoms during life, and careful post mortem examination is the only sure way of advancing the medical profession, I send you the following case of ossification of the semilunar valves of the aorta for publication, if you consider it of sufficient importance to deserve a place in the Medical and Surgical Journal.

Mr. Benjamin Weatherbee, a

temperate, industrious, and heretofore healthy man, by profession a farmer, aged 65, consulted me Sept. 7th, 1827, and gave me the following history of his case.

"He had for several years past after an unusually fatiguing day's work, been troubled in his sleep by frightful dreams or nightmare; on being waked, felt an oppression about the chest, and on feeling his pulse, (of which he had been in the habit for many years) found them to intermit. During the last six months his complaints had rapidly increased, insomuch that for the last month he had been unable to perform the slightest labor. The least exertion put him out of breath to a degree that he could hardly speak. He had an uneasiness resembling fullness in the epigastric region, hard dry cough, appetite rather impaired, bowels in a healthy state."

On feeling his pulse, I found them very irregular, the pulsations running into each other, so that I seldom felt a perfect beat. On applying my ear to the chest, the heart throbbed violently, occasionally fluttered and labored exceedingly in its functions. The countenance flushed, approaching to livid; complained of no pain, no œdema of the extremities, though they were unnaturally cold.

At this first interview, I had little doubt he had an organic disease of the heart. Prescribed a cathartic, light diet, and directed him to avoid all exercise that would hurry the circulation and increase the difficulty of breathing, and let me see him again soon.

Sept. 29th. Saw my patient. Symptoms worse; pulse as before, countenance more livid, dif-

faculty of breathing great from the slightest exertion, his nights distressing from sense of suffocation. When asleep, there would at times be fifty seconds from an expiration to an inspiration, succeeded by a panting hurried breathing, followed again by long interims. Oedema of the feet and legs, pain and soreness in the muscoli gastrocnemii of the left leg. Cough and fullness in the epigastric region as before.

He was now informed of the nature and danger of his disease. The sensation in the epigastric region, effusion in the extremities, fullness of the abdomen, &c. &c. induced me to prescribe the *blue pill* in five grain doses, morning and evening, gentle cathartics, light diet, and to keep himself as still and quiet as possible.

No essential alteration till Oct. 6th, when the mouth became sore from the medicine, and continued so more than a week, though the pills were discontinued. During this time all his symptoms were mitigated. The extremities became warm, the oedema disappeared, his nights much more comfortable, the uneasiness in the epigastric region wholly gone, and even the pulsations were a little more regular. So much did this wonderful medicine do, in equalizing the circulation and stimulating the absorbents, while it reigned triumphant in the system.

When the mercurial left the system, the bad symptoms gradually returned. His paroxysms were worse during the night. Opiates were tried without any benefit. All medicine was now abandoned, excepting mild cathartics *pro re nata*.

Oct. 18th. Four o'clock in the morning; sudden paralysis of the

left side, with inability of swallowing either solids or liquids from the moment of the shock. The muscles of the face, side and extremities soon almost completely recovered, but not the deglutition. Emp. mel. vesicat. over the oesophagus, slight shocks of electricity through the neck, enemmas, sinapisms to the feet, &c. &c.

Oct. 19th. In addition to the above, a sponge probang, dipped in a stimulating liquid was repeatedly passed down the oesophagus.

20th. His hunger and thirst very great; the inability of swallowing continuing, I proposed pumping food into his stomach with the stomach-pump, if one could be procured; to which he assented. His mind had been perfectly clear and sound during his illness.

Dr. John D. Fisher of Boston, who had recently imported a stomach-pump, was requested to assist me in the operation. We met at four o'clock, P. M. of the 20th. He had been sixty-four hours without swallowing any thing.

Previously to using the pump, we examined the heart with the *stethoscope*. Laennec, the inventor of this instrument, has used it with great success in determining precisely what the organic affection is. He informs us, that where there is an ossification of the valves of the heart, he is able to hear a grating sound. We were not so successful; we were satisfied there was an excess of fluid in the pericardium, and an enlargement of some of the cavities of the heart, and suspected ossification of the valves, but were unable to hear the grating sound, though we listened anxiously to catch it. We did not, however,

apply the instrument in all the situations directed by Laennec, as we were unwilling to fatigue our patient too much at this time.

When about to use the pump, our patient was placed in a half sitting posture, reclining on the breast of an assistant. The basin containing the food (which was chicken broth) was placed on a stool on a level with his mouth. I then passed the gum elastic tube down the œsophagus till I felt it strike the stomach, then raised it a little and applied it to the nose of the forcing pump, which was in the hands of Dr. Fisher; who slowly and steadily injected the food into his stomach. The tube was then gently withdrawn. We were not at all hurried in the operation, as our patient could breathe perfectly easy with the tube in the œsophagus. I used this instrument twice a day as long as he lived. At all times it was used with perfect ease, both to patient and operator. It is an instrument of great utility, and may be used in all cases where the œsophagus is pervious to the tube. It will undoubtedly be the means of saving hundreds from the horrid death of starvation as well as poison.

Oct. 24th. The feet and legs œdematous, with great pain in the calf of the left leg, especially when moved; sense of suffocation very great at times during the night.

25th. Dark bloody expectoration; no pulse at the wrist; great coldness of the extremities. He died on the morning of the 26th, retaining his senses to the last.

On the afternoon of the 27th the body was opened by Dr. Fisher and myself, in presence of several gentlemen. The cavities of

the chest and abdomen were the only parts examined.

On removing the sternum, the heart presented itself in situ natural, enlarged and containing considerable fluid in the pericardium. We opened the pericardium and collected about six ounces of yellow aqueous fluid. The heart was then taken from the chest by dissecting up and dividing the bloodvessels an inch or more from it.

The right auricle and ventricle were so much enlarged, that the tricuspid valves were useless; the two cavities forming but one. The walls of the right ventricle unnaturally thin. The left auricle natural. The walls of the left ventricle much thickened, and the semilunar valves of the aorta almost entirely ossified. This ossification was undoubtedly the cause of the whole difficulty, the enlargement of the venal heart being an effect produced by the pressure of the returning blood.

The lungs were in a healthy condition excepting slight congestion in the left posterior lobe. The abdomen was perfectly healthy. We opened the stomach; it showed no traces of violence from the tube.

JEREMY STIMSON.

Dedham, Nov. 23d, 1827.

III.

For the Boston Med. and Surg. Journal.

NOMENCLATURE OF DISEASES.

The difficulties attending the names of diseases are perhaps insuperable; but we may guard against them in some measure. There is one name which I have in view particularly, which is now applied to two different diseases

among us. This is *Bronchitis*. It was introduced I believe by Mr. Badham, who applied it to the affection, in which there takes place an extensive inflammation of the mucous membrane of the lungs. Dr. Good employed the same name in his *Nosology* and in the first edition of his *Study of Medicine*, to designate the disease we commonly call *Croup*. In the second edition he changed the name for this disease to *Bronchlemmitis*. As the first edition is in the hands of many physicians of this country, it is well to make this change public.

The inconvenience of employing the same name for two different diseases is so obvious, that I presume no apology will be necessary for these remarks.

A SUBSCRIBER.

IV.

SELECTED FROM FOREIGN JOURNALS.

Dilatation of the Urethra.

The Baron Dupuytren observes that there are two methods of overcoming a stricture in the urethra. The first consists in the introduction of a fine bougie into the stricture, which is acted on by the mere mechanical pressure of the instrument. In the other mode of proceeding, the instrument is of larger size and blunt at the extremity; as before, it is passed into the urethra, but not into the stricture.

Eight or ten years ago, M. Dupuytren was called to M——, a man of property and of a nervous and extremely susceptible disposition. He was tormented with great difficulty of making water, and M. D. proposed the introduction of bougies into the urethra,

but the bare thought of a bougie filled the patient with horror, and it was with the utmost difficulty that he consented. Scarcely had the instrument entered the urethra, before all his apprehensions were renewed, and though M. Dupuytren contrived to get the instrument as far as the stricture, such was the agitation of the patient, that he durst go no farther. He accordingly left the bougie in the urethra, with the intention of completing its reduction in the course of a few hours. On his arrival at the expiration of the time, he found his patient had made water freely, and now the instrument was passed fairly into the stricture without difficulty; in a few hours more, it was passed still deeper, and during the day, it was introduced into the bladder. In two or three days, a larger bougie was employed, and at the end of a fortnight, the gentleman voided his urine in a good stream, and without either pain or difficulty.

On Reunion of Divided Tendons.

Case.—James Lang, aged 54 years, was admitted into the Infirmary of the Philadelphia Almshouse on the 31st of March, 1826, with his leg and ankle swelled so extensively as to preclude the possibility of ascertaining the true nature of the injury. He had stepped off the curb stone into a gutter, three or four feet deep, the preceding evening, lighting on his toes, and thus straining the extensor muscles of the foot. He felt something give way, (but heard no crack or noise) attended by instantaneous pain, and total inability to walk with that toe on the ground. Absolute rest and strict antiphlogistic measures

were enjoined, and persevered in for several weeks, when the injury was found to be a rupture of the tendo Achilles. At this time (30th of April) Dr. Horner took charge, and applied a bandage and splint. These were continued a few weeks without any appearance of union in the divided tendon. The ends of the tendon were found to have formed no adhesion to the neighboring parts, but moved freely from side to side, when the antagonizing muscles were in action or relaxed. The ends could be placed nearly in contact by favorable position or compression of the muscles. Dr. Horner now adopted the plan proposed by Dr. Physic, in cases of reunited fractures, and passed by means of a seton-needle a ribbon, three-quarters of an inch broad, through the space intervening between the ends of the ruptured tendon. The leg was again bandaged by the roller as before, and a splint applied anteriorly. This process was persevered in for 46 days, when the seton was removed. Inflammation had greatly indurated the parts adjacent to the seton, and when felt through the integuments, gave more the sensation produced by a cartilage or a bone than common inflamed cellular substance. The ends of the tendon could not be distinguished, but were merged in the indurated mass. The splints and bandages were continued three or four weeks, the ulcer being dressed with simple cerate and healed. Up to the 25th of July, the patient had been kept perfectly at rest. The splint and bandage were now removed, and the patient allowed to take gentle exercise by walking. August 20th. He is now able to walk with ease and without a stick.

Sept. 22d. The tendon is now considered as restored to its pristine strength.

Omission of Ligature in Amputation. Dr. Rock of Munich.

There are very few who will amputate a limb, and fearlessly trust to nature for the security of the cut vessels. *The author's father, Director of the General Hospital of Munich, has not tied a single artery in the various amputations which he has performed for the last twenty years.* To this wide range of experience the son has added his own, in corroboration of the opinions of his father and himself, respecting the imaginary danger of leaving vessels untied in amputations.

Arteries, says he, when cut and not tied, remain entirely open up to the place where they are divided. The canal of arteries tied in the usual manner, remains open also to the spot, where the ligature is applied and their parietes do not unite at this spot. These observations were repeatedly made by the author's father, on dead bodies, where the arteries had been cut by him, or tied by other surgeons many years previously. He always found the diameter of the vessels that had not been tied, contracted as they approached the place of section, but the parietes never adherent till the artery ended in a kind of cicatrix. These things are seen in numerous preparations by the author, in the anatomical museum at Munich. The vessels that had been tied presented the same appearances, except that, at the spot where the thread had been applied, there was a narrowing, but never an obliteration of the canal of the vessel.

In a disarticulation of the hand,

the surgeon had tied the radial artery, and omitted to tie the ulnar as it did not bleed. The ligature came away on the eighth day, and on the succeeding day the patient died. On examination, the terminations of the two arteries were so similar, that it was difficult to say which of them had been tied by a ligature. Both extremities were perfectly pervious,—the radial artery appeared to be slightly torn at the termination.

In numerous experiments on dogs, our author could perceive no difference between the arteries that had been tied, and those that were left to nature.

Fistula Lachrymalis.

This complaint has been treated at the Dispensary, (Aberdeen new Dispensary) for the last six months, in a manner somewhat peculiar. When matter has formed in the lachrymal sac, and it has been found impossible to introduce a thin probe through the duct, by the nose, the enlarged sac has been laid freely open, and a tent of waxed sponge kept in the wound till its edges have become callous. By this time, the sac having contracted, the external wound shows no disposition to heal, when the tent is removed. The appearance of the artificial opening thus formed is not at all disgusting; and persons, who were liable to frequent suppurations of the part, have remained free from them after this treatment, a little matter only passing through the artificial opening, after being exposed to cold, or any other cause which increases the flow of tears, or the secretion from the meibomian glands. Of course, in these cases the duct has not been per-

manently obstructed. The following case is the one which first gave occasion to the above treatment :

Mrs. —, aged twenty-eight, had a fistula lachrymalis on the left side, for which the os unguis was perforated, to allow the tears to pass by that way to the nose. This was six years since.

Two years ago, the sac of the right side became inflamed, and suppurated, breaking externally. The opening soon healed, but the same process again took place three months after, the disposition to inflammation becoming so great that it now came on after the slightest exposure to cold, and sometimes an interval of only a fortnight occurring between them. She therefore became anxious for the operation : the physician in consultation, however, advised it to be deferred till after delivery, the patient being in the seventh month of pregnancy ; and that, in the mean time, the sac should be laid freely open, and a tent kept in the wound. This was done, and the tent worn for two months; when it was found that the sac had contracted to its natural dimension, and the opening at its edges thickened. The tent, being troublesome, was dropped, and a little clear fluid was occasionally pressed from the cavity, which occasioned no inconvenience ; the whole having less appearance of any thing unusual than the other side, where the scar of the last opening was easily observed.

Nothing unusual has occurred since ; the external opening being little observable, and so small as only to admit an Anel's probe.

Three cases have been treated in the same way, but the follow-

ing is the only one which falls within the quarter's report.

CASE II.—Mrs. M—, ætat. forty-five, July 1st, 1828. Has a tumor in the situation of the lachrymal sac, which is extremely painful, having deprived her of rest for the last forty-eight hours. The eyelids of that side are closed from the swelling, and matter can be perceived by the touch. Says she is obliged to proceed to Glasgow tomorrow, and earnestly begs that something may be done to relieve her. Sac to be opened, and tent introduced, with directions to continue it on board the ship, and for six weeks after.

31st.—Returned two days ago from Glasgow: the sac is now contracted, edges of the wound callous.—Omit the tent.

August 4th.—External opening small, and not to be observed at a short distance. Discharged.

The surgeon consulted in the first case has mentioned that the same result has happened in a case since treated by him on the same principle.

V.

HOSPITAL REPORT.

Case of Paruria Mellita.

THIS is not a very common disease. In two other cases, beside that now briefly to be described, the habits of the patients, the broken state of health, and the long continuance of the disease, afforded very little hope that much, or any permanent relief would follow from any treatment. The result in both corresponded with this opinion; the quantity of urine was rarely diminished, and readily returned to its original measure; the strength failed, emaciation increased, and the patients, at length exhausted by an useless restriction of diet, and dis-

gusted with remedies, ceased to apply for medical aid, and were given up as incurable.

In the present case, the patient was 22 years old, and entered the Hospital in June, 1827. On the 27th of this month he gave the following account of his disease. In the preceding February he began, without obvious cause, as he says, to pass an unusual quantity of urine, was very thirsty, had voracious appetite, and experienced a feeling of general exhaustion. About two weeks after the increase of urine, he for the first time noticed a sweetness in it; and had at the same time pain in the head and small of the back. He estimates the greatest quantity of urine passed in twenty-four hours at six quarts. At the present date his appetite is not great, or even good; the tongue is morbidly clean, moist, and exhibits deep transverse fissures. The stomach bears food well, bowels not costive, and urine about three pints in twenty-four hours. Pulse 104 and small. Is much emaciated and has pain in the back and head. His figure is tall, slim, and growth has been rapid. His strength is diminished; countenance not very morbid; eyes bright and large; sleeps well; habits have been good, and exposure to the ordinary causes of disease has not been great. He has used various remedies, among which he reports opium, cinchona, decoction of *rhus glabrum*, and animal diet. The day following the report, the diet was restricted to animal food, water for drink, and at bed time, a pill of two grains of opium. Let 16 ounces of the urine passed this day be boiled slowly away, and the product, if any, be preserved.

June 29th. 8, A. M. Pain in the back greater than usual, said to have been increased by exercise. Urine yesterday, xvi 3. This morning, urine vij 3. The product of the urine boiled as directed, was nearly two ounces of a substance exactly resem-

bling thick molasses in color, smell, taste, and consistency. On the sides of the vessel was a crystalline deposit of a lighter color, most nearly resembling sugar. Animal diet continued. Eggs or milk were allowed night and morning, as meat was taken with difficulty. The quantity of urine xxxiv 3. Is costive. Laxative prescribed and opium omitted.

July 1st. Looks, and reports better. Urine xviii 3. Boil down viii 3. rendered yesterday and the same quantity of today. Had five dejections from medicine, with diminished thirst, free perspiration, in place of former dry skin; pulse 90. The saccharine or molasses-like matter amounted to 3 ss. in each of the viii 3.

2d. Urine xx 3. Pulse 72. 3 dejections. On the bed, complains of weakness. Cannot continue the meat diet. Asked for, and was allowed broth and milk porridge. The next day urine xxxij. 2 dejections. Diet, milk, meat and potatoe.

July 4th. Urine xlii.; no dejection. Slight urinous smell. If urine increase, 3 grs. of opium.

July 5th. Urine civ 3. Viii 3. of that rendered yesterday, yielded not half an ounce of saccharine matter, but with scarcely a perceptible urinous smell. The increase occurred between 2 and 3 P. M. The thirst is now, 9, A. M. very great; skin dry and hot; tongue moist and slightly coated; no dejection.

R. Hyd. Submur. gr. viij.
Pulv. Jalap, gr. xv. M.

If no dejection in three hours,

R. Infus. Sennæ Comp. 3 iij.

and repeat in three hours if no dejection. After operation of medicine,

R. Pulv. Opii, gr. iv.

in a pill, and repeat in five hours if not sleepy, and again at bed time.

6th. After the powder and two doses of the infusion of senna, four dejections, without pain, and sufficiently large. Reports weak, but

looks brighter than usual. Urine xxxiv 3. Has taken two pills of opium. Skin moist; very little appetite; thirst greatly diminished. Began decoction of cinchona with the powder, and is directed to take five grains of opium in a pill if urine increases, and to repeat this once in three hours, unless asleep. Thinks he should relish eggs at his meals. Two were directed at each meal, with milk or meat, as he might choose. Viiij 3. of urine to be boiled down.

7th. Urine xxiv 3. last 24 hours. Feels and looks better to day. 3ij. saccharine matter from urine; has a distinct urinous smell. Less thirst. By error took pill, for no increase of urine occurred.

R. Infus. Sen. Comp. 3 iij.

and repeat as before.

8th. Four alvine discharges, copious. Urine xxviiij 3. From 8 boiled 3ij. of extract.

9th. Urine xlv. Report of other symptoms favorable.

It would be but a repetition of what has been already stated to continue the report to the 28th, when the patient left this part of the country. Lime water and milk formed a part of the subsequent treatment. Emaciation constantly increased. The urine never amounted to the quantity which it had reached before I saw the patient, and was never afterwards as great as on the 5th. The quantity in short was never very great afterwards. But let the quantity have been ever so small, there was always obtained from it saccharine substance. This was the most interesting fact in the case. To have looked at this fluid, which, while he was in the Hospital never differed from its natural color and not often in quantity, one would have been at a loss to account for the constant waste in the system which the progress of emaciation exhibited. It was abundantly explained by the defective assimilation of

the absorbed chyle. What should have repaired the natural waste, was constantly passing off as an useless excretion. The quantity of saccharine matter varied, but at the last examination of the urine, and when the excretion was natural in quantity, sugar was always produced by boiling down this fluid.

W. CHANNING.

BOSTON, TUESDAY, MARCH 18, 1828.

THE following letter from Dr. Abijah Cheever will perhaps not be uninteresting to those who are fond of looking back to the origin of our institutions. This letter establishes the fact of the place where the first lectures on Anatomy and Surgery were given in Boston. The locality is fixed by the recollection of the venerable Drs. Townsend and Welsh, who were in the habit of visiting the hospital; and by that of Turner Phillips, Esq. who has resided in and been conversant with the street for 60 years.* It is not unworthy of notice, that the place where the first hospital was established after the revolution, is close upon the spot, where in after days a space was so happily provided for that admirable institution, the Massachusetts General Hospital.

I commenced the study of Medicine with Dr. John Warren, July, 1779. Within a week he dissected a subject, who died in the Hospital of the United States, over which he was Chief Surgeon, situated at West Boston, as it was then called, in the Street now named Spring Street.

He embraced every like opportu-

nity to gratify his ardent desire for surgical and physiological knowledge, and to instruct his pupils, notwithstanding there was much danger from the malignancy of disease, which always prevailed in the Hospital,—and it was here he performed, the first operation of the kind, I believe, in America, the amputation of the arm at the articulation of the shoulder, with success and speedy cure.

In the winter of 1781, he delivered an entire course of Anatomical Lectures and Demonstrations, together with physiological and surgical observations, in the aforesaid Hospital, which all the medical students in Boston and the vicinity attended, gratuitously, and many literary gentlemen of different professions who had a taste for this particular science. Again in 1782, having procured a healthy subject, who had been executed, he delivered gratuitously another like course, entire, at the Molineux house, so called, situated in Beacon Street, where now Bowdoin Street leaves it. This place was fixed on, because it was more central, to accommodate attendants from all parts of the town, comprising all medical students, the Surgeons of the Army and Navy of the United States, who were in the neighborhood. The Surgeons of the French fleet then lying in the harbor, improved every opportunity to attend them.

If the foregoing statement will afford any facility to do justice to the preeminent professional acquirements of the deceased, it will highly gratify one of his first pupils.

A. CHEEVER.

Feb. 27th, 1828.

An Elementary System of Physiology. By JOHN BOSTOCK, M.D.

THE first volume of this work was published in this city by Messrs. Wells & Lilly, 1825. The second was not long since put to press, and they

* The situation of this Hospital was precisely at the corner of Spring Street and Milton Street.

have recently received the third volume. This volume completes the work. From the minuteness with which the subjects of physiology were treated in the first volume, it was apprehended that the work would necessarily fill many volumes. It has, however, been completed within a compass quite manageable for the student, and its exact arrangement will make it very easy for reference with the more advanced reader. The reputation of Dr. Bostock leaves no occasion for any recommendation of this very thorough and valuable work.

HARVARD UNIVERSITY.

At the semi-annual examination of candidates for the degree of Doctor in Medicine, held at the Massachusetts Medical College, Boston, Jan. 19th, 1828, the following gentlemen, having complied with the statutes of the University, received the medical Degree.

David Bemis, Mass., Dissertation on *Scrofula*.

John B. Bridgham, do. *Indigestion*.

Phineas M. Crane, A.M. do. *Spon-
taneous Hemorrhage*.

Philip J. Dumaresq, Jamaica, *Indi-
gestion*.

John O. Fay, Mass. *Ventriloquism*.

Alfred Hosmer, New Hampshire, *Phthisis Pulmonalis*.

Jon. Leonard, Mass. *Inflammation*.

Samuel Salisbury, jr. do. *Calomel*.

Silas Tompkins, A.M. do. *Dropsy*.

Bradford L. Wells, A.M. do. *Ab-
sorption*.

Abraham A. Watson, A.M. do. *Dys-
pepsia*.

James B. Williams, R. I. *Worms*.

MASSACHUSETTS MEDICAL SOCIETY.

At a meeting of the Censors of the Massachusetts Medical Society,

held January 30th, 1828, the following physicians received the license of the Society to practice medicine in this State:

William Grigg, M.D. of New-York.
Charles Choate, M.D. Massachusetts.
Benj. Lincoln, M.D. Maine.
Benj. Kittredge, M.D. Massachusetts.
Dudley Atkins, M.D. do.

BOSTON MEDICAL ASSOCIATION.

The following Physicians have been admitted members of the Association since Jan. 1, 1828.

Drs. Joseph Clark, Charles Choate, Benj. Lincoln, John O. Fay, Wm. Grigg, Philip J. Dumaresq.

SULPHATE OF JALAPINE.

M. Pelletier has examined the pretended sulphate of jalapine of M. Hume, and found that it is an entirely inorganic salt, composed of sulphate of lime and sulphate of ammonia. But M. Guibourt, who also has examined a portion of it, thinks it to be composed of sulphate of magnesia and of ammonia.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending March 8, at noon.

March 1.	Sarah Rose,	5 yrs.
	Son of Silas Sanborn,	3 hours.
2.	Daniel Worcester,	6 w.
	George Henry Hoping,	9 mo.
	Ann Maria Gardner,	2 yrs.
3.	James Baker,	45
	Lemuel W. Wright,	11 mo.
4.	Mary Jane Lewis,	17
	Samuel Brown Jenkins,	15
	Caroline Frazier,	17 yrs.
5.	Aaron Jaquith,	29
6.	Rachael Ann Redding,	4
	Thomas Tighe,	3 mo.
	Susan Bean,	67 yrs.
	Ann Richardson,	87
	Patrick Cunningham,	25
	Benjamin Trask,	2 1-2
7.	Haannah Eaton,	36
	Stephen Shepherd,	46
	Rebecca Cleall,	63

Diseases. Burn, 1—Consumption, 2—Canker in the bowels, 1—Dropsy, 2—Hooping cough 2—Intemperance, 1—Lung fever, 3—Mortification, 1—Old age, 1—Rheumatic, 1—Unknown, 5—Stillborn, 2. Males, 11—Females, 9. Total, 20.

NOTICE.

It was stated in the first number of this Journal that it would be sent to all the former subscribers of the *New-England Journal* and of the *Medical Intelligencer*; with the request that all who did not wish to become subscribers, would return their copies. It has also been sent to a considerable number of other medical gentlemen, in order to give them an opportunity of becoming acquainted with the work, with the same request. As many persons may have omitted to notice particularly this request, the publisher takes occasion to repeat it; HE REQUESTS, therefore, that ALL gentlemen who have received the numbers of this Journal and who do not wish it continued, will return by MAIL their numbers as far as received, done up in the same way as they received them, with their names written upon them with a pencil, and directed to THE BOSTON MEDICAL AND SURGICAL JOURNAL, Boston.

Former agents of the *New-England Journal* who receive this work, are requested to signify in the same way to the publisher if they wish them discontinued. And if it be inconvenient to them to distribute the work, weekly, or if it be more desirable to the subscribers for whom they take copies to receive the same directly by mail, they are requested to send information to that effect.

Subscribers are reminded that by transmitting the amount of their subscription at an early day, they will obtain the work at

about 15 per cent. less cost than if it be delayed.

ADVERTISEMENT.

VACCINE MATTER.

THE subscribers having received frequent applications for vaccine matter, which they were unable to supply, have now made arrangements to keep a constant supply of it, taken from select and healthy patients. They will receive it fresh, daily; and all had of them may be relied on.

SAMUEL N. BREWER & BROTHERS,
Druggists.

At the sign of *The Good Samaritan*, 90 and 92, Washington Street.

DENARCOTIZED OPIUM & LAUDANUM, EUROPEAN LEECHES, &c.

LOWE & REED, 44, Hanover Street, at the head of Elm Street, have lately received a supply of Denarcotized Opium and Laudanum.—Also on hand European Leeches; fresh Vaccine Matter, taken by a physician of this city with particular care; together with a large stock of drugs of every kind.

Lowe & Reed, late Reed & Howard, keep constantly on hand, their *Cure for Intemperance*, which has recently received the approbation of many of the Physicians of this city,—been used by the Society for suppressing Intemperance, and adopted in the House of Correction as preferable to that of Chambers. Price \$2.50. A liberal discount made to charitable Societies.

NEW APOTHECARY'S SHOP.

DR. W. BRADFORD, finding the practice of Physic injurious to his health, has relinquished it, and opened an Apothecary's Shop at the head of Poplar Street, where he will keep the best of Medicines and devote his personal attention to the preparation and delivery of the same.—The Prescriptions of Physicians will be accurately put up and Families may depend on correctness; he therefore solicits a share of public patronage.

Medicines may be obtained in the night as well as by day.

Boston, Aug. 30, 1827.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year.